

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9992
Registrar's No. 58

Registration District No. 4
APR 1 1940

Primary Registration District No. 3001

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Life
years, months or days)

8. (a) PRINT FULL NAME Thomas Irvine Doneghy 520

8. (b) If veteran, name war -- 8. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased June 13 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 8 26 hr. min.

9. Birthplace Kirksville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Laundry

12. Name Alexander Doneghy

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha Frewitt

15. Birthplace Fayette Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Donohy Beach

(b) Address 1801 University Ave. S. E. Minneapolis Minn

17. (a) Burial (b) Date thereof 3-11-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Missouri

19. (a) 3-11-40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. Tourist Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A. -- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day March
year 1940 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from March 3, 1940, to March 9, 1940;
that I last saw him alive on March 9, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 7

Due to _____
Due to _____

Other conditions 1 1/2
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arb. Branch Date signed 3-11-40
Address Kirksville Mo

OCT 8 1948

RECEIVED

District Health Officer No. 10

District File Number 3-40-700

Date Filed MAR 25 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Harold H. Kigal

Licensed Embalmer No.

4076

P. O. Address

Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.